

APPENDIX 12

INSPECTION REPORT - FIXED LOAD TRAILER MOUNTED

TRAILER MOUNTED _____ INSPECTION REPORT

Company Name	Inspection Type <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	Inspection Date
Company Address	Company Name and Date of Last Inspection	

GENERAL DATA

Trlr Serial No.	Trlr License No.	Trlr Company No.	Inspection Location:
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COMBINATION VEHICLE CONFIGURATION

Kingpin to Center of Rear Axle _____ Ft. _____ In.	Trailer Length _____ Ft. _____ In.	Overall Width _____ Ft. _____ In.	Overall Height _____ Ft. _____ In.					
Overall Vehicle Combination Length _____ Ft. _____ In.		Overall Length Including Overhang _____ Ft. _____ In.						
Rear Overhang From ϵ of Rear Axle to Last Hard Metal _____ Ft. _____ In.		Front Overhang From Front of Front Tire to Last Hard Metal _____ Ft. _____ In.						
Axle Number	1	2	3	4	5	6	7	8
No. of Tires								
Axle Spacing								
Axle Width								
Suspension Type								
Tire Size								
Tire Rating								
Scale Weight								
Permit Weight								

PERMIT DATA (Permit Office Use Only)

Permit Classification	<input type="checkbox"/> Single Trip Only	<input type="checkbox"/> Annual	<input type="checkbox"/> Rejected For:
Routine Weight Class	<input type="checkbox"/> Legal <input type="checkbox"/> Green	<input type="checkbox"/> Purple	
Tire Rating Limits Permit Weight	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Caltrans Representative			Title
Remarks			